Plaintiff: UNITED STATES OF AMERICA	Court Case Numbe	r: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: F	orfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc.	to be served or Description of property	to Seize: (Address: street or RFD, Apt. No.	, City,State and Zip Code):
		ly con	
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States At	ttornev. NDNY	Number of Processes to	be served
218 James T. Foley Courthouse 445 Broadway	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Number of Parties to Serv	ed
Albany, New York 12207		Check box if service is on	USA
Signature of Attorney or other Originator requesting service on bel		Telephone No. 518-431-0247	Date 4/15/09
SPACE BELOW FO	R USE OF DEPARTM	ENT OF TREASURY	
I acknowledge receipt for the total number of process indicated. District of Origin No No	Serve Signature of Authorized Dept.	of Treasury Agency Officer Special Asia	Date 7-14-09
I HEREBY CERTIFY AND RETURN THAT I (X) PERSONALLY SE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, C			
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO Name and Title of individual served if not shown above.		NY, CORPORATION, ETC. NAMED ABoge and discretion then residing in the defer	
Address: (complete only if different than shown above)	Date of Service	Time of Service () a.m. () p.m.	
	Signature, Title and Treas	ury Agency	
REMARKS:			
Fundo here d	hooved a	n $also$	

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Numb	er: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: F	Forfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc. to be se	erved or Description of property	r to Seize: (Address: street or RFD, Apt. No.	, City,State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorned 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207		Number of Processes to Number of Parties to Serv Check box if service is on	red USA
Special Instructions or Other Information that will assist in expediting service: Please dispose of HSBC Account #XXXXXX93			
Signature of Attorney or other Originator requesting service on behalf of: /Thomas A. Capez Signature and Date of Person accepting Process:	(X)Plaintiff () Defendant	Telephone No. 518-431-0247	Date 4/15/09
SPACE BELOW FOR US	SE OF DEPARTM	MENT OF TREASURY	
I acknowledge receipt for the total District of Origin District to Serve	Signature of Authorized Dept		l Data
number of process indicated. No No	Euro St.	TU, Special And	J 7-14-09
I HEREBY CERTIFY AND RETURN THAT I (PERSONALLY SERVED. OTHER PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPOR.	() HAVE LEGAL EVIDENC ATION, ETC.,AT THE ADDR	E OF SERVICE. () HAVE EXECUTED . ESS SHOWN ABOVE OR ON THE ADDR	AS SHOWN IN 'REMARKS', RESS INSERTED BELOW
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE Name and Title of individual served if not shown above.		NY, CORPORATION, ETC. NAMED ABO age and discretion then residing in the defen	
Address: (complete only if different than shown above)	Date of Service Signature, Title and Trea	Time of Service () a.m. () p.m.	
REMARKS:			

Finds were disposed on a/5/08

Plaintiff: UNITED STATES OF AMERICA	Court Case Numb	er: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: F	orfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc. to be se	erved or Description of property	to Seize: (Address: street or RFD, Apt. No., City,	State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorned 218 James T. Foley Courthouse	ey, NDNY	Number of Processes to be Se	rved
445 Broadway Albany, New York 12207		Check box if service is on USA	
Signature of Attorney or other Originator requesting service on behalf of: /Thomas A. Cape: Signature and Date of Person accepting Process:	(X)Plaintiff () Defendant	Telephone No. 518-431-0247	Date 4/15/09
SPACE BELOW FOR US	SE OF DEPARTM	IENT OF TREASURY	
I acknowledge receipt for the total number of process indicated. District of Origin No District to Serve	Signature of Authorized Dept	of Treasury Agency Officer Spelial Agust	Date
I HEREBY CERTIFY AND RETURN THAT IN PERSONALLY SERVED. THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPOR	() HAVE LEGAL EVIDENCE ATION, ETC.,AT THE ADDRI	E OF SERVICE. () HAVE EXECUTED AS SH ESS SHOWN ABOVE OR ON THE ADDRESS I	OWN IN 'REMARKS', NSERTED BELOW
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATI Name and Title of individual served if not shown above.		NY, CORPORATION, ETC. NAMED ABOVE. Ige and discretion then residing in the defendant's	usual place of abode.
Address: (complete only if different than shown above)	Date of Service Signature, Title and Trea	Time of Service () a.m. () p.m.	
REMARKS: FUNCIO WEND OLD	0000 0 000	2/2/20	

Plaintiff: UNITED STATES OF AMERICA	Court Case Nun	aber: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process:	Forfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc. to b	e served or Description of prope	rty to Seize: (Address: street or RFD, Apt. No., C	City _s State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attor 218 James T. Foley Courthouse	ney, NDNY	Number of Processes to b	
445 Broadway Albany, New York 12207		Number of Parties to Served Check box if service is on US	
Special Instructions or Other Information that will assist in expediting so Service:			imated times available for
Please dispose of HSBC Account #XXXXX	5292 in the name o	t Ping D. Lin	
Signature of Attorney or other Originator requesting service on behalf o /Thomas A. Cap Signature and Date of Person accepting Process:	() Defendant	Telephone No. 518-431-0247	Date 4/15/09
SPACE BELOW FOR I	USE OF DEPART	MENT OF TREASURY	,
I acknowledge receipt for the total number of process indicated. District of Origin No No	e Signature of Authorized De	pt. of Treasury Agency Officer Levy, Devid Agust	Date 7-14-09
I HEREBY CERTIFY AND RETURN THAT INTERSONALLY SERVER THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPO	ORATION, ETC.,AT THE ADD	RESS SHOWN ABOVE OR ON THE ADDRE	SS INSERTED BELOW
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCANAME and Title of individual served if not shown above.		ANY, CORPORATION, ETC. NAMED ABOVE age and discretion then residing in the defenda	
Address: (complete only if different than shown above)	Date of Service Signature, Title and Tree	Time of Service () a.m. () p.m.	
remarks: Fundo were disp	oseO on	a/5/08.	

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Num	ber: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process:	Forfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc.	to be served or Description of proper	rty to Seize: (Address: street or RFD, Apt. No., o	City,State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States At	torney, NDNY	Number of Processes to b	e Served
218 James T. Foley Courthouse	•	Number of Parties to Served	l
445 Broadway Albany, New York 12207		Check box if service is on U	SA
Signature of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or Originator requesting service on behavior of Attorney or Originator requesting service on behavior of Attorney or Originator requesting service of Attorney or Originator requesting service of Attorney or Originator requesting service of Attorney or Originator or Originator of Attorney or Originator of Origina	alf of: (X)Plaintiff () Defendant Capezza, AUSA	Telephone No. 518-431-0247	Date 4/15/09
V	R USE OF DEPART	MENT OF TREASURY	•
I acknowledge receipt for the total District of Origin District to summer of process indicated. No No	Serve Signature of Authorized De	pt. of Treasury Agency Officer Secolal Ascel	Date 7-14-09
I HEREBY CERTIFY AND RETURN THAT I () PERSONALLY SER THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CO	RVED. () HAVE LEGAL EVIDEN DRPORATION, ETC.,AT THE ADD	CE OF SERVICE. () HAVE EXECUTED AS RESS SHOWN ABOVE OR ON THE ADDRE	S SHOWN IN 'REMARKS', SS <u>INSERTED BELOW</u>
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO L			
Name and Title of individual served if not shown above.	() A person of suitable	e age and discretion then residing in the defende	nt's usual place of abode.
Address: (complete only if different than shown above)	Date of Service	Time of Service () a.m. () p.m.	
	Signature, Title and Tre	easury Agency	
REMARKS:			

Fundo were disposed on a/5/08.

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number:	04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: Fol	rfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc. to be served	d or Description of property to	Seize: (Address: street or RFD, Apt. No., Cit	y,State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Attorney,	NDNY	Number of Processes to be S	Served
218 James T. Foley Courthouse		Number of Parties to Served	
445 Broadway Albany, New York 12207		Check box if service is on USA	
Signature of Attorney or other Originator requesting service on behalf of:	(X)Plaintiff () Defendant	Telephone No. 518-431-0247	Date
Signature and Date of Person accepting Process:	, AUSA ¹		1/15/07
SPACE BELOW FOR USE	OF DEPARTME	NT OF TREASURY	
I acknowledge receipt for the total District of Origin District to Serve Si	OF DEPARTME		Date 7-14-0
I acknowledge receipt for the total number of process indicated. District of Origin No District to Serve No Si No Si No Si No No Si No No No Si No No No Si No	gnature of Authorized Dept. of	Treasury Agency Officer — Decial And F SERVICE. () HAVE EXECUTED AS S	7-14-0
I acknowledge receipt for the total number of process indicated. District of Origin No District to Serve No Si N	gnature of Authorized Dept. of HAVE LEGAL EVIDENCE O ON, ETC.,AT THE ADDRESS HE INDIVIDUAL, COMPANY	Treasury Agency Officer ———————————————————————————————————	SHOWN IN 'REMARK SINSERTED BELOW
I acknowledge receipt for the total number of process indicated. District of Origin No. No. Sinumber of process indicated. HEREBY CERTIFY AND RETURN THAT I PERSONALLY SERVED. () THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATE () I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE Name and Title of individual served if not shown above.	gnature of Authorized Dept. of HAVE LEGAL EVIDENCE O ON, ETC.,AT THE ADDRESS HE INDIVIDUAL, COMPANY	Treasury Agency Officer ———————————————————————————————————	SHOWN IN 'REMARK SINSERTED BELOW
I acknowledge receipt for the total number of process indicated. District of Origin No District to Serve No Si N	gnature of Authorized Dept. of HAVE LEGAL EVIDENCE O ON, ETC.,AT THE ADDRESS HE INDIVIDUAL, COMPANY () A person of suitable age	Treasury Agency Officer PELIAL STATE F SERVICE. () HAVE EXECUTED AS SERVICE OR ON THE ADDRESSER CORPORATION, ETC. NAMED ABOVE and discretion then residing in the defendant of the company of the com	SHOWN IN 'REMARK SINSERTED BELOW

Finds were disposes on a/0/08.

Plaintiff: UNITED STATES OF AMERICA	Court Case Numb	er: 04-CR-544	
Defendant: KUN FUK CHENG	Type of Process: F	orfeiture - Disposal	
SERVE AT: (Name of Individual, Company, Corporation, etc. t	to be served or Description of property	to Seize: (Address: street or RFD, Apt. No.	, City,State and Zip Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States Att 218 James T. Foley Courthouse 445 Broadway	orney, NDNY	Number of Processes to Number of Parties to Serv	
Albany, New York 12207		Check box if service is on	USA
Signature of Attorney or other Originator requesting service on beha	if of: (X)Plaintiff () Defendant Capezza, AUSA	Telephone No. 518-431-0247	Date 4/15/09
Signature and Date of Person accepting Process:	,		
SPACE BELOW FOR	R USE OF DEPARTM	ENT OF TREASURY	
l acknowledge receipt for the total number of process indicated. District of Origin No No	erve Signature of Authorized Dept.	of Treasury Agency Officer Pellu Agu	Date 7-14-09
I HEREBY CERTIFY AND RETURN THAT FOR PERSONALLY SERVICE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CO	VED. () HAVE LEGAL EVIDENCE RPORATION, ETC.,AT THE ADDRE	OF SERVICE. () HAVE EXECUTED A SS SHOWN ABOVE OR ON THE ADDR	AS SHOWN IN 'REMARKS', LESS INSERTED BELOW
() I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LO Name and Title of individual served if not shown above.		NY, CORPORATION, ETC. NAMED ABO ge and discretion then residing in the defen	
Address: (complete only if different than shown above)	Date of Service Signature, Title and Treas	Time of Service () a.m. () p.m.	
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Tundo were di	1000000	n alal08	

Plaintiff: UNITED STATES OF AMERICA	Court Case Number	: 04-CR-544		
Defendant: KUN FUK CHENG	Type of Process: Fo	rfeiture - Disposal		
SERVE AT: (Name of Individual, Company, Corporation, etc.	to be served or Description of property to	Seize: (Address: street or RFD, Apt. No.	o., City,State and Zi	p Code):
Send notice or service copy to requester at Name and Address below: Andrew T. Baxter, United States At 218 James T. Foley Courthouse	torney, NDNY	Number of Processes to		
445 Broadway Albany, New York 12207		Check box if service is on	USA	
Service:	X5513 in the name of C	hao Jian Lin		
Please dispose of HSBC Account #XXXX Signature of Attorney or other Originator requesting service on behavior for the control of the control		Telephone No. 518-431-0247	Date 4/1/2	
Please dispose of HSBC Account #XXXX Signature of Attorney or other Originator requesting service on behavior and Date of Person accepting Process:	alf of: (X)Plaintiff () Defendant	Telephone No. 518-431-0247	Date 4/14	
Please dispose of HSBC Account #XXXX Signature of Attorney or other Originator requesting service on behavior and Date of Person accepting Process: SPACE BELOW FOR Incomplete the total number of process indicated. District of Origin No. District to No. No.	alf of: (X)Plaintiff () Defendant Capezza, AUSA R USE OF DEPARTME Serve Signature of Authorized Dept. of	Telephone No. 518-431-0247 ENT OF TREASURY Treasury Agency Officer Soleid Asia	#//s	J09 4-09
Please dispose of HSBC Account #XXXX Signature of Attorney or other Originator requesting service on behavior and Date of Person accepting Process: SPACE BELOW FO I acknowledge receipt for the total number of process indicated. I hereby Certify and return that I (Personally sertification in the process described on the individual, company, continuous process described on the individual process.	alf of: (X)Plaintiff () Defendant Capezza, AUSA R USE OF DEPARTME Serve Signature of Authorized Dept. of EVED. () HAVE LEGAL EVIDENCE CORPORATION, ETC., AT THE ADDRESS.	Telephone No. 518-431-0247 ENT OF TREASURY Treasury Agency Officer Select Agriculture of Service. () Have executed a shown above or on the additional control of the service.	Date As shown in 'R RESS INSERTED	1-09 1-09
Please dispose of HSBC Account #XXXX Signature of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Originator requesting service on behavior of Attorney or other Original Account of Attorney or other Original Process: SPACE BELOW FOR Inches of Process indicated. I hereby Certify and Return that I (Apersonally service on behavior of Process indicated). I hereby Certify and Return that I (Apersonally service on behavior or other Origin No. District to No. No. No. No. No. No. No. No. No. No	alf of: (X)Plaintiff () Defendant Capezza, AUSA R USE OF DEPARTME Serve Signature of Authorized Dept. of EVED. () HAVE LEGAL EVIDENCE CORPORATION, ETC., AT THE ADDRESS OCATE THE INDIVIDUAL, COMPANY	Telephone No. 518-431-0247 ENT OF TREASURY Treasury Agency Officer Select Agriculture of Service. () Have executed a shown above or on the additional control of the service.	Date Date As shown in 'r RESS INSERTED I	Jog J-OG EMARKS', BELOW
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Signature of Attorney or other Originator requesting service on behavior and Date of Person accepting Process; SPACE BELOW FO I acknowledge receipt for the total number of process indicated. District of Origin No. District to No. Distr	alf of: (X)Plaintiff () Defendant Capezza, AUSA R USE OF DEPARTME Serve Signature of Authorized Dept. of EVED. () HAVE LEGAL EVIDENCE CORPORATION, ETC., AT THE ADDRESS OCATE THE INDIVIDUAL, COMPANY () A person of suitable age	Telephone No. 518-431-0247 ENT OF TREASURY Treasury Agency Officer Service. () HAVE EXECUTED SOLUTION, ETC. NAMED AB and discretion then residing in the defermance of Service. () a.m () p.m	Date Date As shown in 'r RESS INSERTED I	Jog J-OG EMARKS', BELOW